

594

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Navajo</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>440</u>	
District of <u>Taylor</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>63</u>	
Town of <u>Taylor</u>		Local Registrar's No. <u>63</u>	
or			
City of _____	(No. _____ St. _____ Ward)		
FULL NAME OF CHILD <u>Norman Reuel Smith</u>		Born } YES <input checked="" type="checkbox"/>	Alive } NO <input type="checkbox"/>
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of child <u>Male</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and } Number in order of birth <u>3rd</u>	Legitimate? <input checked="" type="checkbox"/>
			Date of Birth <u>March 19 1919</u> (Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Silas Reuel Smith</u>		Full Maiden Name <u>Mary Elizabeth Bates</u>	
Residence <u>Taylor Ariz</u>		Residence <u>Taylor Arizona</u>	
Color or Race <u>White</u>	Age at last Birthday <u>31</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>28</u> (Years)
Birthplace <u>Snowflake Ariz.</u>		Birthplace <u>Tuba Arizona</u>	
Occupation <u>Farmer</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>3rd</u>		Number of Children, of this mother, now living <u>3rd</u>	
Were precautions taken against Ophthalmia neonatorum? _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Mar 9 1919, at _____ M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Emma Smith
(Attending physician, midwife, householder.)*Given or Christian name added from a supplemental report _____ 1919Address Snowflake
E. T. Hatch
LOCAL REGISTRAR.528-309-422
COUNTY REGISTRAR.Filed Aug 1 1919Filed Aug 5 1919

A True Copy

COUNTY REGISTRAR.